ABOUT CHESAPEAKE UROLOGY FOR KIDS – PEDIATRIC UROLOGY PROGRAM

“I care for each child as I would want my own child cared for.”

This is the philosophy of Robert Mevorach, M.D., FSPU, FFAP, Director of Pediatric Urology at Chesapeake Urology For Kids, a comprehensive pediatric urology program that cares for urologic issues in children, from the common to the complex. Dr. Mevorach is one of the foremost fellowship-trained pediatric urologists in the Mid-Atlantic region, certified by the American Board of Urology specifically for the subspecialty of pediatric urology. The program is complemented by a team of dedicated urologists, nurses, pediatric sonographers, pediatric anesthesiologists, OR staff, medical assistants and office staff – all with the goal of providing comprehensive, gentle and personal care to pediatric patients.

Chesapeake Urology For Kids takes a team approach to care. Dr. Mevorach, along with the program’s entire pediatric urology team, believes strongly in open and honest communication between staff, patients and parents, creating an environment of trust and compassionate care that is the hallmark of the program’s patient care philosophy. The team understands that urologic issues concerning any child, from prebirth to adolescents, are not only stressful and frightening for the patient, but also for the parents. That is why Dr. Mevorach and his team emphasize education, understanding, an open dialogue and a personal approach to care.

For patients who require surgery, Chesapeake Urology’s ambulatory surgery center at the Woodholme Medical Center in Pikesville provides the most advanced surgical environment and technology coupled with an atmosphere designed with children in mind. From sheets that kids can color on and kid-friendly gowns and slippers to a scented surgical mask, the surgical team is committed to making a child’s experience as comfortable as possible.

The Chesapeake Urology For Kids office, located at 25 Crossroads Drive, suite 312, in Owings Mills, is also designed with kids – young and older – in mind. Equipped with age appropriate books, movies and toys, patients and parents alike feel more at ease in an environment that caters not just to the medical needs of kids, but to the emotional needs as well.
CHESAPEAKE UROLOGY FOR KIDS – CONDITIONS WE TREAT

Chesapeake Urology For Kids offers a comprehensive and unique approach to pediatric urology for children of all ages throughout the greater Baltimore region. Treating pediatric urologic conditions that range from the common to the complex, the pediatric urology team at Chesapeake Urology For Kids has children’s urologic needs covered.

The following is a comprehensive list of conditions by age that Chesapeake Urology’s pediatric urology specialists routinely evaluate and manage:

**Pre-birth**
Pediatric urologists can consult on conditions diagnosed on screening sonogram examinations during pregnancy such as hydronephrosis and other kidney concerns.

**Newborn and Infants to age 1**
- Chordee
- Circumcision
- Incomplete circumcisions
- Hernias and hydroceles
- Hydronephrosis
- Hypospadias
- Retractile Testes
- Undescended testicles

**Children ages 1 – 10 years**
- Bedwetting (Primary and secondary nocturnal enuresis)
- Chordee
- Daytime wetting
- Hematuria
- Hernias and hydroceles
- Hydronephrosis
- Hypospadias
- Labial adhesions
- Meatal stenosis
- Retractile testicles
- Scrotal pain
- Scrotal masses
- Undescended testicles
- Uncomfortable or abnormal urinary stream
- UTIs (recurrent)

**Preteens and adolescents ages 10 – 18 years**
- Bedwetting
- Hematuria
- Incontinence
- Issues of external genitalia
- Kidney stones
- Nocturia
- Scrotal pain
- Scrotal masses
- Sexual function issues in males/females
- Urinary frequency and urgency
- UTIs
- Varicocele

For more information on Chesapeake Urology For Kids or to arrange for a consultation, contact:
25 Crossroads Drive
Suite 312
Owings Mills, MD 21117
443-738-8180 - Office
443-738-8199 - Fax

forkids.chesapeakeurology.com
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• CareFirst of Maryland
• Carefirst/NCAS
• Carefirst(NCAS)/Lifebridge
• ChoiceCare/ Humana
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• Today’s Option/Progressive
• TRICARE Health Net Standard
• TRICARE Prime
• TRICARE for Life
• United Healthcare
• Workers’ Compensation
Dr. Arnaldo Valedon is an experienced pediatric anesthesiologist with First Colonies Anesthesia Associates where he is Chief of Ambulatory Surgery and works closely with the pediatric urology team at Chesapeake Urology’s ambulatory surgery center. Dr. Valedon is board-certified by the American Board of Anesthesiology...

Dr. Sung-Soo Samuel Hong is a pediatric anesthesiologist with First Colonies Anesthesia Associates working with the pediatric urology team at Chesapeake Urology’s ambulatory surgery center in the care of pediatric surgical patients. He is board-certified by the American Board of Anesthesiology...

Elizabeth Nicholas, M.D.  
Dr. Elizabeth Nicholas is a pediatric anesthesiologist with First Colonies Anesthesia Associates, working at Chesapeake Urology’s ambulatory surgery center alongside the pediatric urology OR team in the care of pediatric surgical patients. She is board-certified by the American Board of Pediatrics and the American Board of Anesthesiology.

Nechama Goldman, RDMS, RVT  
A sonographer with more than 16 years of hands-on experience, Nechama Goldman, RDMS, RVT, has worked at Chesapeake Urology since 2007, performing renal, pelvic and scrotal ultrasounds and providing exceptional and quality ultrasounds for pediatric patients. Her prior pediatric experience was earned at The Johns Hopkins Hospital where she serviced the pediatric urology clinic.

Ariella Alper, RDMS  
Ariella has more than four years of experience working in pediatric urology as an ultrasonographer and has extensive knowledge of and experience in performing abdominal, renal, pelvic, bladder, vascular and scrotal diagnostic ultrasounds, among others. Ariella is a graduate of the UMBC ultrasound program.

Robert Mevorach, M.D., F.S.P.U., F.F.A.P., Pediatric Urologist  
Director, Pediatric Urology and Chesapeake Urology For Kids  
Certified by the American Board of Urology, Urology and Pediatric Urology  
Fellow, American Academy of Pediatrics  
Fellow, Society for Pediatric Urology  
Member of the European Society for Pediatric Urology  

Dr. Mevorach says, “I have been trained in the specialty of urology and have sub-specialized in the care of kids with urological problems since 1992. I try to care for each child as I would want my own child cared for. It is quite simple. I never lie to a child or parent. Urological surgery can be hard on families beginning preoperatively, through surgery, and then in recovery even when all goes “by the book.” I believe that providing superior care is impossible if honest answers are withheld to make things easier. Kids are incredibly strong and I have humbly witnessed that even the youngest patients rise to extraordinary challenges and make me appear to have great skill.”
Pediatric Urology Physician Assistant

Misa Sarmento Francis, PA-C

Misa has been a physician’s assistant at Chesapeake Urology for three years and works closely with Dr. Robert Mevorach in the treatment of pediatric urology patients. A graduate of the physician assistant school at Stony Brook University, Misa has experience in inpatient urology consisting of consultations, perioperative management and operating room assisting. Prior to joining Chesapeake Urology, Misa worked in hospitalist medicine for close to four years and also worked at the University of Maryland Shock Trauma Center in orthopedic trauma.

Pediatric Anesthesiologists

Sung-So Samuel Hong, M.D.
Dr. Sung-So Samuel Hong is a pediatric anesthesiologist with First Colonies Anesthesia Associates working with the pediatric urology team at Chesapeake Urology's ambulatory surgery center in the care of pediatric surgical patients. He is board-certified by the American Board of Anesthesiology.

Elizabeth Nicholas, M.D.
Dr. Elizabeth Nicholas is a pediatric anesthesiologist with First Colonies Anesthesia Associates working at Chesapeake Urology’s ambulatory surgery center alongside the pediatric urology OR team in the care of pediatric surgical patients. She is board-certified by the American Board of Pediatrics and the American Board of Anesthesiology.

Arnaldo Valedon, M.D.
Dr. Arnaldo Valedon is an experienced pediatric anesthesiologist with First Colonies Anesthesia Associates where he is Chief of Ambulatory Surgery and works closely with the pediatric urology team at Chesapeake Urology’s ambulatory surgery center. Dr. Valedon is board-certified by the American Board of Anesthesiology.

Pediatric Anesthesiologists

Robert Mevorach, M.D., F.S.P.U., F.F.A.P., Pediatric Urologist

Certified by the American Board of Urology, Urology and Pediatric Urology
Fellow, American Academy of Pediatrics
Fellow, Society for Pediatric Urology
Member of the European Society for Pediatric Urology

Robert A. Mevorach, M.D., is a fellowship trained pediatric urologist who serves as director of pediatric urology at Chesapeake Urology Associates and spearheads the practice’s pediatric urology program, Chesapeake Urology For Kids. Dr. Mevorach, along with the program’s entire pediatric urology team, believes strongly in open and honest communication between staff, patients and parents, creating an environment of trust and compassionate care that is the hallmark of the program’s patient care philosophy.

A leader in his field, Dr. Mevorach previously served as a pediatric urologist and an associate professor of urology and pediatrics at the University of Rochester Medical Center in Rochester, NY. Dr. Mevorach received his doctor of medicine from the University of Rochester in 1985. After completing his urological surgery training at Strong Memorial Hospital in 1991, he became the chief of urology at the Pensacola Naval Hospital where he served until the fall of 1992. At this time, Dr. Mevorach began his pediatric urology fellowship training under Drs. Erni Tanagho and Barry Kogan at the University of California San Francisco. Graduating in 1994, CDR Mevorach served as chief of pediatric urology at the San Diego Naval Hospital until 1996. Until 1999, he served as chief of pediatric urology and assistant department head of urology at Portsmouth Naval Hospital.

Returning to the faculty at the University of Rochester in the fall of 1999, Dr. Mevorach served as associate professor of urology and pediatrics. Additionally, he pursued and achieved specialty board certification in pediatric urology in 2009.

Dr. Mevorach says, “I have been trained in the specialty of urology and have subspecialized in the care of kids with urological problems since 1992. I try to care for each child as I would want my own child cared for. It is quite simple. I never lie to a child or parent. Urological surgery can be hard on families beginning preoperatively, through surgery, and then in recovery even when all goes “by the book.” I believe that providing superior care is impossible if honest answers are withheld to make things easier. Kids are incredibly strong and I have humbly witnessed that even the youngest patients rise to extraordinary challenges and make me appear to have great skill.”

Ultrasound/Sonogram Technicians

Nechama Goldman, RDMS, RVT
A sonographer with more than 16 years of hands-on experience, Nechama Goldman, RDMS, RVT, has worked at Chesapeake Urology since 2007, performing renal, pelvic and scrotal ultrasounds and providing exceptional and quality ultrasounds for pediatric patients. Her prior pediatric experience was earned at The Johns Hopkins Hospital where she serviced the pediatric urology clinic.

Ariella Alper, RDMS
Ariella has more than four years of experience working in pediatric urology as an ultrasonographer and has extensive knowledge of and experience in performing abdominal, renal, pelvic, bladder, vascular and scrotal diagnostic ultrasounds, among others. Ariella is a graduate of the UMBC ultrasound program.

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Karen Elizabeth Boyle, M.D., F.A.C.S.

As part of Chesapeake Urology For Kids, Dr. Boyle works with male and female pediatric urology patients addressing such conditions as labial adhesion, male and female issues of external genitalia as well as sexual function in adolescents. Dr. Boyle is certified by the American Board of Urology and a Fellow of the American College of Surgeons.

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Steven R. Jaskulsky, M.D., F.A.C.S.

As a urologist with a special interest in pediatric urology, Dr. Steven Jaskulsky performs circumcision and circumcision revisions in addition to treating children with undescended testicle, hernia and enuresis. Dr. Jaskulsky is certified by the American Board of Urology and is a Fellow of the American College of Surgeons.

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Richard M. Levin, M.D., F.A.C.S.

Dr. Richard Levin sees pediatric urology patients for conditions including circumcision and circumcision revision, hernias, undescended testicle and enuresis. Dr. Levin is certified by the American Board of Urology and is a Fellow of the American College of Surgeons.

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Keith J. O’Reilly, M.D., F.A.C.S.

Working with pediatric urology patients at Chesapeake Urology For Kids, Dr. Keith O’Reilly sees patients for circumcision and circumcision revision, undescended testicle, hernia and enuresis. He is certified by the American Board of Urology and a Fellow of the American College of Surgeons.

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Jonathan N. Rubenstein, M.D., F.A.C.S.

Dr. Jonathan Rubenstein works with pediatric patients to perform circumcision and circumcision revision, as well as to diagnose and treat undescended testicle, hernia and enuresis in children. He is certified by the American Board of Urology and is a Fellow of the American College of Surgeons.

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Marc H. Siegelbaum, M.D., F.A.C.S.

One of Dr. Marc Siegelbaum’s areas of special expertise includes pediatric urology. He performs circumcisions as well as circumcision revision and treats undescended testicle, hernia and enuresis in children. Dr. Siegelbaum is certified by the American Board of Urology and is a Fellow of the American College of Surgeons.

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David B. Sigman, M.D., F.A.C.S.

Working with pediatric patients, Dr. David Sigman performs circumcisions and circumcision revision, and treats undescended testicle, hernia and enuresis in children. Dr. Sigman is certified by the American Board of Urology and is a Fellow of the American College of Surgeons.

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Victoria R. Staiman, M.D., F.A.C.S.

Dr. Victoria Staiman works with female pediatric urology patients ages 15 years and older at the Chesapeake Urology For Kids program, diagnosing and treating conditions that include recurrent UTIs, urinary frequency, nocturnal enuresis, hematuria, small kidney stones and incontinence. Dr. Staiman is certified by the American Board of Urology and is a Fellow of the American College of Surgeons.

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Erica Maytas, RN

Erica Maytas, RN, is the Regional Nursing Director of Chesapeake Urology’s Woodholme ambulatory surgery center where the majority of pediatric urology surgery cases are performed. Erica has been an OR nurse for 27 years and has spent the past 12 years at Chesapeake Urology. Prior, she worked with pediatric cases in the OR at St. Joseph’s Hospital where she was also the circulator for mostly pediatric cases, working closely with anesthesia during the induction phase. A graduate of St. Joseph Hospital School of Nursing, Erica is PALS, ACLS and BLS certified.

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Cara Porrino, RN, BSN

Cara Porrino, RN, BSN, has more than 23 years of operating room experience as both a circulating and scrub nurse in almost all areas, including pediatrics. Her urology experience began exclusively with pediatric patients in 1989 when she was hired to the pediatric surgery service at Johns Hopkins Hospital. Cara’s experience with pediatric urology includes all inpatient, trauma and cancer procedures as well as all outpatient surgeries inclusive of, but not limited to cystoscopy, inguinal hernia repair, hypospadias repair, circumcision, as well as labiaplasty for ambiguous genitalia.

Contact Information:
Cara Porrino, RN, BSN

Megan Carroll, RN

Megan Carroll, RN, serves as a pediatric recovery room nurse in the Summit ambulatory surgery center at the Woodholme location, providing care to children following surgical procedures. Megan draws on her previous experience as a recovery room nurse at Franklin Square Medical Center where she provided care to post-anesthesia patients including pediatric and young adult patients. Prior to her role at Franklin Square, Megan worked on the progressive care unit as well as the trauma unit at Conemaugh Memorial Medical Center in Johnstown, PA, where she cared for cardiac and renal patients and maintained ongoing assessment of critically ill patients while also caring for the needs of the patients’ families.

Contact Information:
Megan Carroll, RN

**Circumcision – The Basics**

Circumcision is a surgical procedure to remove the foreskin from the head of the penis. Elective circumcision is performed in about 65% of newborn boys in the U.S.

**What Parents Should Know — Pre-Operatively**

- Being circumcised provides little medical benefit when compared to foreskin that becomes retractable over time and is kept clean.
- Circumcision of the “normal” penis carries a small risk of infection/bleeding in 1 in 1,000 babies. Nearly all risks are minor; The need for an additional procedure to correct minor cosmetic issues occurs in 3/100 cases performed electively.
- For newborns, circumcision is performed under a local nerve block to minimize discomfort.
- Circumcision may decrease incidences of urinary tract infection and may offer protection against penile cancer.

**The Plastibell Circumcision — About This Technique**

- Under sterile conditions, the skin of the penis is numbed with injected medication.
- The skin covering the penis is gently pulled back to expose the entire head of the penis.
- The correct sized Plastibell ring is placed and the excess skin is trimmed. The skin that overlaps the ring will turn dark like the umbilical cord before the ring falls off at 7-14 days. The end of the penis will likely get red, then develop a yellow discharge, and finally scab over like a “skinned knee.” This is the normal healing process and will progress over the 7-14 days that the Plastibell ring stays on.
- After the procedure, your child is returned to your arms after the application of an ointment to the end of the penis to protect this sensitive area from injury and infection.

**Plastibell Circumcision — Post-Surgical Care**

- Ointment will protect the area while it heals and application is recommended 2-3 times per day for the first 30 days after the circumcision.
- Keep the area dry. Only give your son sponge baths until the ring falls off. If your child’s penis becomes soiled before the ring separates, simply rinse off the area, pat it dry and then resume care.
- Signs of infection are white/green drainage and redness extending from the shaft of the penis onto the belly wall. **Immediately bring these signs to your pediatrician’s attention!**
- Tylenol may be given for discomfort every 4-6 hours.
- Call the Chesapeake Urology For Kids office at 443-738-8180 with any concerns or questions.
- Follow-up is with your pediatrician and is incorporated into your routine visits in his or her office, unless otherwise specified.
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• Secure Horizon (UHC)
• Today’s Option/Progressive
• TRICARE Health Net Standard
• TRICARE Prime
• TRICARE for Life
• United Healthcare
• Workers’ Compensation
What is a Varicocele?

A varicocele is a swelling of the veins that lead from the testicles. Think of a varicocele in the same way you would think of varicose veins in the legs. A varicocele is often described as feeling like a “bag of worms.”

What are the Symptoms?

Varicoceles can present around puberty in about 15% of boys and are often seen in the left testicle. Varicoceles usually do not cause pain. They usually do not have any symptoms and are detected by a routine physical exam by your son’s doctor.

In most cases, a varicocele is not harmful to your son. However, some varicoceles can interfere with the growth of the testicle, resulting in fertility issues down the road. Fortunately, varicoceles that do affect fertility can be surgically corrected to potentially improve fertility in the future.

Diagnosing and Treating Varicoceles

Diagnosis of a varicocele is made upon physical exam in the office with a pediatric urologist.

- If your son is not experiencing any pain, there are no changes in testicular size and consistency, and your child is comfortable with a plan of follow-up, then an appointment may be made for ongoing observation.

- In rare cases, a varicocele will cause pain. In these cases, your doctor may recommend a common surgical procedure called a varicocelectomy that treats the affected veins through a small incision. This procedure is commonly done on an outpatient basis.

If a varicocele causes pain or affects the growth of the testicle, management by a pediatric urologist is appropriate.

To learn more about varicoceles, visit forkids.chesapeakeurology.com or contact Chesapeake Urology For Kids at 443-738-8180.
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- TRICARE Health Net Standard
- TRICARE Prime
- TRICARE for Life
- United Healthcare
- Workers’ Compensation

Physician Liaisons: Robyn Mauck: 410-299-5377
Balvin Brown: 443-386-6227 Ryan Swailes: 443-834-3381

forkids.chesapeakeurology.com
What is an Undescended Testicle?

An undescended testicle, also called a "cryptorchid testis," is a common event in which one or both of the testes, the male reproductive glands, do not complete normal descent from the abdomen into the scrotum by birth.

The function of the testicle is to produce hormones and sperm. If the testicle is not in the “correct place,” it may not grow, develop or function correctly. Additionally, an undescended testicle may be associated with an increased risk of testicular cancer if not corrected prior to puberty.

Approximately three out of every 100 full term males are born with a testicle not felt or seen in the scrotal sac, but premature boys have rates closer to 1 out of 3. By the age of 6 months, most of these testicles complete their descent without any interventions. All boys are examined after birth and monitored by their primary care physician.

How is an Undescended Testicle Diagnosed?

The obvious sign of an undescended testicle is that one or both testicles are not located in the scrotum. Other abnormalities of the male genitals or urinary tract also may be noted, such as a hernia, hydrocele, or abnormal opening at the end of the penis (called hypospadias).

The diagnosis of an undescended testicle is made by a physical examination. Boys who have testicles that have not fully descended into the scrotal sac after 4-6 months of age may benefit from evaluation by a pediatric urologist.

Treatment for Undescended Testicles

If the testicle does not descend on its own by 4-6 months of age (premature infants are given more time after birth), treatment is often needed. If left unattended, the undescended testicle will not grow and develop correctly.

- Surgery - The surgical correction of an undescended testicle is called an orchidopexy. This procedure is done under a general anesthetic, typically in an ambulatory setting by Dr. Robert Mevorach. A small incision is made in the inguinal area. The testicle is found, mobilized and placed into a position within the scrotum. A laparoscopic approach is often used, to assist with orchidopexy procedure, when the testicle is not felt prior to surgery. Laparoscopy is also done as a “same day” surgery.
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